



# USAID's Global Tuberculosis Program

Expanding the  
DOTS Strategy  
Through Partnerships  
and Capacity Building



*Tuberculosis (TB)  
is one of the world's  
leading causes of  
death, killing more  
than 2 million  
people annually.*



- Every day 20,000 people develop active TB, and more than 5,000 die from the disease.
- 95% of TB cases and 98% of TB deaths occur in developing countries; 22 “high burden” countries account for 80% of all cases.
- TB disproportionately threatens the poorest, most marginalized groups and slows or undermines economic development gains.
- Increasing HIV/ AIDS, inadequate investments in public health systems, and emerging anti-TB drug resistance have fueled the global resurgence of TB.

The U.S. Agency for International Development (USAID), in close collaboration with its partners, is committed to addressing the global TB burden. Since 1998, USAID has expanded its TB efforts to benefit more than 30 countries, with funding exceeding \$75 million in 2002.





## Countries Receiving USAID Assistance for TB Control

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USAID's goal is to reduce TB morbidity and mortality. To achieve this goal, USAID's objective is to enhance the capacity of developing countries to prevent and cure TB and achieve global targets of 70% case detection and 85% treatment success. The **directly observed treatment, short course**, or DOTS, strategy (under which patients take a full course of TB medications under observation) is the main program approach.

### Priority Areas of USAID TB Programs

USAID works with host countries, partners, and other donors in the following areas:

*Expanding and strengthening DOTS programs.* The Agency provides support in the public and private sectors to improve DOTS programs, including investments in training and TB program management to promote prompt, reliable diagnosis. Emphasis is also given to pharmaceutical management, community education, and care-seeking behaviors to address barriers to case detection and treatment success.

*Increasing and strengthening human resource capacity.* The DOTS strategy requires a capable, well-trained work force. USAID supports training in the core elements of DOTS and TB control for health care personnel, as well as building their management, supervision, planning, research, and problem-solving skills. USAID also invests in expanding the cadre of international TB experts available to provide technical assistance.

*Developing and disseminating new approaches and tools.* USAID supports research to develop tools to improve DOTS performance, including new cost-effective TB drugs, drug combination therapies, and inexpensive rapid diagnostics appropriate for low-income countries. Operations research in public-private partnerships, community-based approaches, and health policy and systems issues seeks to accelerate global DOTS expansion.

*Adapting DOTS to address special challenges.* Co-infection with HIV/AIDS and multidrug-resistant TB present special challenges to controlling TB and expanding DOTS. USAID supports coordination and collaboration between HIV and TB programs and training in counseling, testing, and management of co-infected patients. To address drug resistance, USAID supports DOTS-Plus programs in selected countries and interventions to improve treatment compliance and drug procurement and management practices.



## The DOTS Strategy

DOTS is a highly effective, affordable, and proven approach to TB. If implemented appropriately, it has a success rate of 85% and can limit the emergence and spread of drug-resistant TB.



The strategy consists of five elements:

- Political commitment and resources
- Passive case detection and diagnosis of symptomatic patients using sputum-smear microscopy
- Standardized six- to eight-month treatment with direct observation of therapy
- Assurance of an uninterrupted supply of high-quality drugs
- Standardized recording/reporting with systematic evaluation of treatment outcomes

## How USAID Implements TB programs

**Country-level focus.** USAID focuses its technical and financial resources on national TB programs, primarily in high-burden countries. The Agency allocates 75 percent of its TB budget to country-level programs, with the remainder directed to core research, tools development, and advocacy.

**Partner capacity building.** USAID provides support to governments, private voluntary organizations (PVOs), and other partners to enhance their ability to implement DOTS programs in priority countries. USAID encourages the participation of new TB partners, including PVOs.

**Communication and advocacy.** Through financial support to the Stop TB Partnership and country programs, USAID raises aware-

ness of the global TB problem, initiates policy discussions, and promotes increased resources for TB control.

## **USAID Partnerships**

Partnerships are a cornerstone of USAID's response to TB. USAID works with health ministries, national TB programs, and local institutions. The Agency supports and participates in the Stop TB Partnership, the Global TB Drug Facility, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. USAID sponsors the TB Coalition for Technical Assistance, a partnership of six international organizations involved in TB control with a goal of reducing the global TB burden. USAID coordinates investments and collaborates with multilateral and bilateral donors, foundations, regional organizations, PVOs, and other U.S. government agencies, including the Centers for Disease Control and Prevention, the National Institutes of Health, and the Departments of State and Health and Human Services.

USAID has been committed to improving the health and well-being of people in developing countries for over 40 years. USAID investments in health have helped save millions of lives through support for immunizations, disease prevention and control (including HIV/AIDS), nutrition, sanitation, hygiene, voluntary family planning, breastfeeding, birth spacing, and other health interventions.



**[www.usaid.gov/pop\\_health/id/tuberculosis/index.html](http://www.usaid.gov/pop_health/id/tuberculosis/index.html)**